Major Donor and			MAJOR DONOR	COMMITTEE STATEMEN
Independent Expenditure Comm Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA 461 FORM	
N Assessment	Statement covers period	Date of election if applicable:		1/2
	from01/01/2017	(Month, Day,Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2017	.		
1. Name and Address Of Filer	•	3. Summary		
NAME OF FILER (Include name(s) of all affiliated entities whose contr Garrison Mason Morfit	,	(Amounts may be rounded to wh 1. Expenditures and cont (including loans) of \$10 made this period. (Part	ributions 00 or more	\$ <u>29200.00</u>
MAILING ADDRESS	(NO. AND STREET)	2. Unitemized expenditure	•	φ
CITY	STATE ZIP CODE	contributions (including \$100 made this period.	g loans) under	\$0.00
San Francisco RESPONSIBLE OFFICER (If filer is other than an individual)	CA 94129 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$29200.00
Garrison Mason Morfit		Total expenditures and made from prior staten		
2. Nature and Interests of Filer (Co A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME		amount from Line 5 of filed. If this is the first	last statement statement for	¢ 0.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$
ValueAct Capital ADDRESS OF EMPLOYER/BUSINESS	Investment Management	5. Total expenditures and (including loans) made January 1 of the currer (Add Lines 3 + 4.)	since nt calendar year.	TOTAL \$ 29200.00
San Francisco CA A FILER THAT IS A BUSINESS ENTITY MUST DESCRIPTION	94129 RIBE THE BUSINESS ACTIVITY IN WHICH IT IS			
ENGAGED A FILER THAT IS AN ASSOCIATION MUST PROVIDE		4. Verification I have used all reasonable reviewed the statement are contained herein is true are the laws of the State of Care	nd to the best of my kr nd complete. I certify	nowledge the information under penalty of perjury under
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS E COMMON ECONOMIC INTEREST OF THE GROUP O		Executed on 01/29/2018	SI	Mason Morfit GNATURE OF INDIVIDUAL DONOR OR BLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN	D
MAJOR DONOR COMMITTEE STATEMEN	Т

Statement covers period		CALIFORNIA	161
from	01/01/2017	FORM	461
	06/30/2017	0.40	
through	00/30/2017	2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garrison Mason Morfit

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
01/31/2017	Newsom for California Governor 2018 Sacramento CA 95815 ID: 1375287 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Gavin Newsom Governor Statewide NO: X Support Oppose	29200.00	\$S

SUBTOTAL \$

29200.00